APPLICATION—APPOINTMENT LIST Macomb County Circuit Court Juvenile Division 380 N. Rose, Mt. Clemens, MI 48043

Name	9	Soc. Sec. #
Empl	oyer	Bus. Phone #
Busir	ness Address	Bus. Fax #
Mem	ber of the State Bar of Michigan since	P. Number
Are y	ou a member of the Macomb County Bar Associatio	n?YesNo
Mem	ber of the Macomb Criminal Panel?Yes	No
If yes	s, which panel?	
Prese	ently on appointment list for juvenile cases?	YesNo
Natur	re of your present practice: % Civil	% Criminal
Crimi	inal Practice Experience:	
a.	Number of State Court Criminal case representation	ons
b.	Number of criminal trials: Jury	Non-jury
c.	Date of most recent trial	
Civil	Practice Experience (describe briefly)	
Numl	ber of Civil Jury TrialsNon-j	ury trials
Juve	nile Case Experience	
a.	Delinquency: Number of casesNon-jury trials	
b.	Protective Proceedings Number of cases representing parents Jury trialsNon-jury trials	
	Number of cases representing child	

		Number of Parental Rights Terminations		
c.		Adoption Matters: Number of cases		
		Describe nature of Adoption cases:		
	d.	Appeals: Number of cases		
10.	Have y	you attended the basic Juvenile Law Seminar? (both sessions required) DelinquencyYesNo Protective ProceedingsYesNo		
11.	List se	seminars or mini-seminars on Juvenile law attended in the last twelve months:		
12.	Will yo	ou accept Juvenile appellate cases?YesNo		
13.	Do you have any specialized experience or training relevant to juvenile cases			
14.	Are yo	ou fluent in any foreign language? If so, please indicate		
		FOR APPOINTMENTS, I, PERSONALLY, WILL REPRESENT MY CLIENT AT ALL SUBSTANTIVE S. I AGREE TO ABIDE BY JUVENILE SECTION FEE SCHEDULE.		
DATE:_		SIGNATURE:		
OFFICE				
Approv	ed	Member MCBA		
Denied _.		Basic Juv. Law: Del P.P Continuing Ed		

RETURN TO JUVENILE DIVISION ATTN: Ms. Melonie Baranowski